



WATER WELL REPORT FOR AN EXISTING WELL

MAY 20 2010
Dept of Ecology
WR-NWRO
33-16-34E
Source #2
West View Apartments Water System

INSTRUCTIONS:

Use this form if an original water well report was **NEVER** filed or is **MISSING** from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other _____		Unique Ecology Well ID Tag No. <u>BAA979</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>122</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No Property Owner Name <u>West View Apartments</u>																	
CONSTRUCTION DETAILS Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Well Street Address <u>in pit in center of Rigging Road</u> City <u>Oak Harbor</u> County <u>Island</u> Tax Parcel No. <u>R13334-284-0080</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft to _____ ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>34</u> Twn <u>33N</u> R <u>1E</u>																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown MF's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		EWM or WWM Circle one																	
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials placed from _____ ft. to _____ ft.		<table border="1"> <tr> <td>D</td> <td>C</td> <td>B</td> <td>A</td> </tr> <tr> <td><u>E</u></td> <td>F</td> <td>G</td> <td>H</td> </tr> <tr> <td>M</td> <td>L</td> <td>K</td> <td>J</td> </tr> <tr> <td>N</td> <td>P</td> <td>Q</td> <td>R</td> </tr> </table>		D	C	B	A	<u>E</u>	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
<u>E</u>	F	G	H																
M	L	K	J																
N	P	Q	R																
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft. Materials used if known: _____ <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name _____ Type: _____ H.P. _____		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>18.33092</u> Long Deg <u>122</u> Long Min/Sec <u>40.77716</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Computer Generated																	
WATER LEVELS: Land-surface elevation above mean sea level <u>148</u> ft. Static Level _____ ft. below top of casing Date measured _____ Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input checked="" type="checkbox"/> Unknown Yield: <u>10</u> gal./min. with _____ ft. drawdown after _____ hrs.																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. Registered Sanitarian #401

Date Signed 12 May 2010

Drilling Company _____

Address of person completing this form: Island County Health Dept

PO Box 5000

City, State, Zip Coupeville WA 98239